

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision
effective 02/01/2015, -6.0%.

(1)	(2)	(3)
Coverage	Annual Premium Volume (Illinois) *	Percent Change (+or-) **
1. Automobile Liability Private		
Passenger		
Commercial		
2. Automobile Physical Damag		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Medical Malpractice</u>	<u>\$184,000</u>	<u>-6.0%</u>
Line of Insurance		

Does filing only apply to certain territory (territories) or certain
Classes? If so,
specify: No

Brief description of filing. (If filing follows rates of an advisory
Organization, specify
organization):

The Medical Protective Company respectfully submits a revision
to the Risk Management Credit Rule for its Podiatrists Program.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new
rates.

The Medical Protective Company

Name of Company

Keith Barnes, VP

Official - Title